

PATENT  
450100-03089

2142  
JFE

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Takao YOSHIMINE et al.  
Serial No. : 09/821,501  
For : CONTENT PROVIDING DEVICE, CONTENT PROVIDING  
METHOD, PROGRAM STORAGE MEDIA, CONTENT  
PROVIDING SYSTEM AND CONTENT RESERVATION  
CONTROL METHOD  
Filed : March 29, 2001  
Examiner : Robert B. Harrell  
Art Unit : 2142

745 Fifth Avenue  
New York, NY 10151  
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 18, 2005.

Darren M. Simon, Reg. No.47,946  
(Name of Applicant, Assignee or Registered Representative)

Signature

January 18, 2005

Date of Signature

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued October 19, 2004, please consider the following amendment to the above-referenced application.



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Art Unit : 2142

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
Alexandria, VA 22313-1450  
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	48 =	0 ×	\$50(25)	= \$0
Independent claims	2	Minus	12 =	0 ×	\$200(100)	= \$0
			Total additional fee for this amendment			= \$0

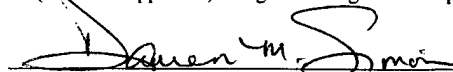
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 – Credit Card Payment Form in the amount of \$ \_\_\_\_\_ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Darren M. Simon, Reg. No. 47,946

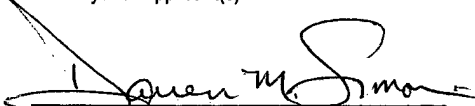
(Name of Applicant, Assignee or Registered Representative)

  
Signature

January 18, 2005

Date of Signature

FROMMER LAWRENCE & HAUG, LLP  
Attorneys for Applicant(s)

  
By: Darren M. Simon  
Reg. No. 47,946  
Tel. (212) 588-0800